

Jaakko Seikkula

*Becoming Dialogical: Psychotherapy or a Way of Life?*. "The Australian and New Zealand Journal of Family Therapy" 2011, 32 (3): 179–193

Reviewed by: Olga Maciejewska

The text focuses on one main issue: What could be more natural for the therapeutic process than the therapeutic dialogue? This article by Jaakko Seikkula shows that the idea of dialogue could be the basis for a coherent model of therapy which could be useful not only for neurotic but also psychotic patients. It is necessary to stress that this field is also a very important part of social work broadly understood. This justifies the beginning of reflections about the issue of therapy in the field of mental health.

Most important is that the readers of this paper can benefit from it. The article not only describes a kind of therapeutic model, but also contains a proposal for the reform of the psychiatric system in general. Jaakko Seikkula's article describes the possibility of a long-term and comprehensive change process. The aim is to develop a new model in the public social services based on the Open Dialogue Approach. Social workers, doctors, psychiatrists, nurses, and other specialists have to learn how to treat therapeutic processes in a new way. That is why I have chosen this paper.

Jaakko Seikkula writes: "After birth the first thing we learn is becoming a participant in dialogue. We are born in relations and those relations become our structure. Intersubjectivity is the basis of human experience and dialogue the way we live it" (2011: 179). The starting point is to explain what this dialogue entails – the dialogue or dialogism is a way of life. First we learn how to breathe and immediately afterwards we learn how to be an active participant in a discursive relationship. In such relations we (each and every one of us) react to the statements of the persons around us. Besides that, we initiate their reactions to our posts or expressions. The question is how we could understand this ordinary, everyday process as a therapeutic method. Dialogue has to be understood as something that is part and parcel of human life. All psychotherapies should be dialogic if they aim to be successful in bringing positive changes – for patients and for specialists. It is worth underlining that applying a dialogical approach means not only talking but also specifically mobilizing resources – the psychological above all. This concerns the patient as well as the family members.

Seikkula describes the realities of Finland. The practice of psychotherapy in this country has long been a part of the public health care system. Particularly important has been the development and research, since the 1960s, by Professor Yrjö Alanen and his team at the Psychiatric Clinic in Turku. Starting from individual psychodynamic therapy in the late 1970s, the team has integrated the methods of systemic family therapy into their work. They call this new approach, "The treatment adapted to the needs." This name has stressed that all of the therapeutic processes is unique and should be adapted to the different needs of the patient.

The revolutionary aspects of the new Need-Adapted Approach focus on:

- rapid and early intervention in each case;
- planning therapy meetings on the basis of the unique needs of each patient and his/her family through the integration of different therapeutic methods in a treatment process;
- the therapeutic approach as the basic orientation for all staff members during the diagnosis as well as the treatment;
- the perception of treatment as a continuous process; and
- constant monitoring of the progress and outcomes.

In an era dominated by the Evidence-Based Approach, this all can sound a bit radical, because the above assumptions challenge the main idea that therapists should always choose only one right method of treatment after doing the first diagnosis of the case. We can say this is the new way of thinking. The needs are in the spotlight. That point is one of the most important issues for me because the integration of different therapeutic methods in one treatment process means that we all – the members of the process – have to understand a lot of aspects. It is not easy – but it is worth it.

At the core of the perspective of the Need-Adapted Approach is that it aims to change the procedures and the structure of services delivery through micro-systemic changes. One of the most important innovations of the treatment adapted to the needs was the idea of open treatment meetings, meaning meetings to which patients and their families are invited from the very beginning. What is important, the staff members do not prepare the meeting, and it takes place in an open forum in which all the participants sit in a circle in the same room. This creates a space in the best way, I think: all the people can see and hear each other. Team members who have taken the initiative of convening a meeting are a part of the dialogue but do not plan who asks questions when. Therefore everyone can participate in conducting the interview. This is one of the most important and most interesting parts of the Open Dialogue Approach. There are increasingly more new aspects and perspectives, all of which can help to understand problems and to find the best solutions.

Moreover, the first questions should be as open as possible – the members of the family and others from the social network can start talking about issues that are essential at that moment. From the very beginning, the task of the interviewer is to adapt his/her responses to whatever the clients say – and want to say. The practice embodies a person-centered philosophy. In Open Dialogue Approach meetings, the focus is on strengthening the adult side of the patient and normalizing the situation instead of focusing on regressive behavior.

The starting point for treatment is to give voice to the family in describing the situation. Problems are seen as socially constructed and are reformulated in every conversation. All the persons present are encouraged to speak in their own unique voice. It is necessary to add that the described approach contrasts with conventional therapy, because the position of the therapist is not to make interventions. While many schools of family therapy are interested in creating some kind of specific forms of conducting an interview,



the Open Dialogue Approach is much more important concentrated on listening and responding straightaway. I think it can teach how to treat people respectfully and how to be in fulfilling relations with others. Listening should be understood as an element leading to understanding.

I think that one of the most important aspects of the polyphony (which is a main part of the Open Dialogue Approach) is the voice of each therapist. Participating in the dialogue are psychologists, doctors, family therapists, and so on. In addition, therapists participate in the meeting in their personal voices. "If a therapist has experienced the loss of someone near to her, these voices of loss and sadness become a part of the polyphony. Not in the sense that therapists would speak of their own experiences of death, but in the way they adapt themselves to the present moment: how they sit, how they look at the other speakers, how they change their intonation and so on" (2011: 189). The inner voices of individual persons can become a part of the present moment. They are a powerful part of the dialogue. I see that mutual understanding is a foundation of the therapeutic process. The clients and therapists live in common, embodied experiences which take place before the patient experiences an expression in words. The dialogue emerges as intersubjective consciousness. Our social identity is constructed by adjusting our actions to those of others.

It is necessary to add that research in the field of open dialogue with first episode psychotic patients is systematically carried out in the Western Lapland of Finland. The results are favorable in the treatment of psychosis. At 5-year follow-up, 85% of the patients did not have psychotic symptoms and 85% have returned to full professional life (2011: 190). Only one third of the patients use antipsychotics. There is also evidence pointing to the fact that, in 25 years of the practice of open dialogue, the incidence of schizophrenia in Western Lapland has declined.

The article by Jaakko Seikkula calls for a debate on critical questions for the future of social work and the services system. This system does need to be changed. As professionals we should learn to follow the lives of our clients and trace their language – completely without preconditions. It is not easy; in fact, this is a big challenge for me. However, Open Dialogue Approach can be understood as a very interesting way to improve interactions in the field of social work. It is worth reading about this novel approach to gain knowledge about how to integrate this model into everyday social work.

We are all born into relationships. Nothing more is needed than to be heard and taken seriously. The key is to generate the dialogical relation. The flexibility and mobility of adapting therapy to the unique needs of every client and his/her family makes sense to me in the Need-Adapted Approach. The psychological continuity of integrating staff members from different services guarantees the possibility to create one's own understanding of the issue.

This text discusses emerging questions connected with the viability of a new perspective in the practice of social work. Social workers should always look for new solutions, activities, and models which can improve practice. The importance of evaluation in the field of social work must be emphasized. Social work should be focused on the contexts

and relationships, and not only on the individual client. The idea of the holistic perspective means that the social worker should always take various aspects of the client's life into consideration – and then connect them with the conditions of the social system.